FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:40

DOCUMENT # 680776 (2)

1. Corporation Name
R/C WORLD OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O EDWARD R. IZZO 296 HUNTRIDGE WAY WINTER SPRINGS FL 32708	C/O EDWARD R. IZZO 296 HUNTRIDGE WAY WINTER SPRINGS FL 32708 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 10900 Inside Loop
22: Suite, Apt. #, etc.
23: City & State: Orlando Fla
24: Zip: 32825
25: Country: Orange

2a. Mailing Address
26: same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2011609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMAS, JOHN L., II
~~401 EAST JACKSON ST., STE 200~~
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: John L. Thomas II
82 Street Address (P.O. Box Number is Not Acceptable): 130 Hillcrest St
83:
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John L Thomas II 1-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	IZZO, EDWARD R.	1.2 NAME	ERK DERN	
STREET ADDRESS	296 HUNTRIDGE WAY	1.3 STREET ADDRESS	1602 White Dove DR	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Winter Springs Fl. 32708	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIER, JAMES	2.2 NAME		
STREET ADDRESS	616 BERKSHIRE COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	DOWNERS GROVE IL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PARENTI, HAROLD	3.2 NAME		
STREET ADDRESS	1920 BUCKINGHAM	3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTCHESTER IL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, CLIFFORD	4.2 NAME		
STREET ADDRESS	364 BELLA VISTA	4.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FULWIDER, CHARLES R.	5.2 NAME		
STREET ADDRESS	7333 LAKE UNDERHILL RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	CUTRONE, DIXIE	6.2 NAME		
STREET ADDRESS	1862 MAHOGANY DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Dixie Cutrone Director 1-23-95 407-273-3367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DIXIE CUTRONE

0037005 CP